Please refer to the Instructions of Filling Notification before completing this form

completing this form. The information requested here is required by law (Section 301) of the Resource Conservation  (For Official Us)  Waste Activity  (For Official Us)  NOV 1.2 199	
and Recovery Act): United States Environmental Protection Agency DRAGE M MANAGEMENT	CRRANCH
L Installation's EPA ID Number (Mark 'X In the appropriate box)  C. Installation's EPA ID Number (Company)	IN St. Brown
A. First Notification (Complete Item C)  B. Subsequent Notification  (Complete Item C)	7/2
il. Name of Installation (Include company and specific site name)	A STATE OF THE PARTY OF THE PAR
PEP BOYS #891	
III. Location of Installation (Physical address not P.O. Box or Route Number)	
Street	ED.
111550 SOUTH HALSTED	
Street (Continued) 0CT, 15	1997-
City or Town State Zip Code	
CHUCAGO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
County Code County Name:	# 15°
IV. Installation Mailing Address (See Instructions)	
Street or P.O. Box	RCRIS ENTRY DEC 1 0 1997
3111 WEST ALLEGHENY AVENUE	当当
City or Town State Zip Code	È
PHILADELPHIA PA19132-00	00
V. Installation Contact (Person to be contacted regarding waste activities at site)	<u> </u>
Name (Last) (First)	E C
KERELO JOHN	
Job Title Phone Number (Area Code and Number)	
ENVIRON: MANAGER 2115-227-9277	
VI. Installation Contact Address (See Instructions)	
A. Contract Address Location Mailling Other  B. Street of P.O. Box	
City or Town State Zip Code MAN 1 5 (CQ)	
VIL Ownership (See Instructions)	
A. Name of installation's Legal Owner	<b>.</b>
THE PEP BOUS - MANNU, MOEL & JA	CK
Street, P.O. Box, of Route Number	
3111 WEST ALLEGHENN AVENUE	. ]
City or Town State Zip Code	
PHILADELPHIA PAIGIS2-00	00
Phone Number (Area Code and Number)  B. Land Type C. Owner Type Indicator Month Day	d) Year
2   1   5   - 2   2   7   -   9   2   7   7   P   P   P   X   X   No.	

÷	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes; Re	fer to Instructions)
A. Hazardous Waste Activity	B. Used Oil Recycling Activities
1. Generator (See Instructions) 3. Treater, Storer, Dispo a Greater than 1000kg/mo (2,200 lbs.) installation) Note: A pe	rmit Is a Marketer Directs Shipment of Used
b. 100 to 1000 kg/mo (200-2,200 lbs.) required for this activity	
\( \) c. Less trian to kg/mo (220 lbs) instructions:  2. Transporter (indicate Mode in poxes 1-5   4. Hazardous Waste Fuel	Oil Meets the Specifications
below) a. Generator Marketing to	Burner 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
a. For own waste only b. Other Marketers b. For commercial purposes c. Boiler and/or industrial is	Furnace a. Utility Boller
1. Smelter Deferral	c. industrial Furnace
Mode of Transportation   2. Small Quantity Exe   1. Air   Indicate Type of Comi	
☐ 2. Rail Device(s) ☐ 3. Highway ☐ 1. Utility Boiler	a. Transporter b. Transfer Facility
4. Water 2 Industrial Boller	4. Used Oil Processor/Re-refiner - Indicate
5. Offier - specify 3. Industrial Furnace 5. Underground injection Co	Type(s) of Activity(ies)  ontrola_ Process
	☐ b. Re-refine
IX. Description of Hazardous Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' In the boxes of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20	corresponding to the characteristics of
	) - 251,24)
1. Ignitable 2. Corrosive 1. Flenctive 4. Toxicity (D011) (D012) (D003) Toxical Characteristic (List specific EPA hazzardou	is waste rumber(s) for the Toxicity characteristic contaminant(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you n	need to list more than 12 waste codes.)
	5 5 5
7 -8 9 10	11 12
7 8 9 10	11 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. numb	per; See Instructions.)
2 3 4	5 6
X. Certification	
I certify under penalty of law that this document and all attachments were prepared to system designed to assure that qualified personnel property gather and evaluate the in	
or persons who manage the system, or those persons directly responsible for gather best of my knowledge and belief, true, accurate, and complete. I am aware that there a	ing the information, the information submitted is, to the
including the possibility of fine and imprisonment for knowing violations.	
Signature Name and Official Title (Typ John C. Kevelo	
Environmental Departm	vent Manager 10-10-97
XI. Comments	
wastes include waste motor oil * waste an	Lift0001
wastes the waste that on the according an	117100 8
Note: Mall completed form to the appropriate EPA Regional or State Office. (See Se	

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**SEPA** 

## Notification of Regulated Waste Activity

Date Received (For Official Use Only)

and Recovery Act). United States Environmental Protection Agency Linstallation's EPAID Number (Mark X'in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A. First Notification (Complete Item C) II. Name of installation (include company and specific site name) 5 # D 聞. Location of Installation (Physical address not P.O. Box or Route Number) HALISTED 5 5 Street (Continued) City or Jown State Zip Code County Code County Name IV. Installation Mailing Address (See Instructions) Street or P.O. Box EGHEN AIVIENI State City of Town Zip Code Viginstallation Contact (Person to be contacted regarding waste activities at site) Name (Last) 😼 (First) IR ٥ HIN Job Title Phone Number (Area Code and Number) VL Installation Contact Address (See Instructions) B. Street or P.O. Box Location Mailing Other City or Town State : Zip Code VIL Ownership (See Instructions) A. Name of installation's Legal Owner MD JACK EP Street P.O. Box, of Route Number EGHEN E  $\omega$ State City or Town Zip Code: P Þ 0 0 (Date Changed).

Month: Day Year B. Land Type D. Change of Owner - Indicator C. Owner:Type Phone Number (Area

P

Clo

X No.

·		ID - For Official Use Only	
VIII. Type of Regulated Waste Activity (Mark 2)	in the appropriate boxes; Refer to ins	tructions)	
A Hazardous Waste	Activity was a supplied to the supplied of the	B. Used Oil Recycling Act	ivities 🔻
1. Generator (See Instructions)  a. Greater than 1000kg/mo (2,200 lbs.)  b. 100 to 1000 kg/mo (200-2,200 lbs.)  c. Less than 100 kg/mo (220 lbs.)  7. Transporter (Indicate Mode in boxes 1-5 below)  a. For own waste only  b. For commercial purposes  Mode of Transportation  1. Air  2. Rail  3. Highway  4. Water  5. Other - specify	3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions. 4. Hazardous Waste Fuel a Generator Marketing to Burner b. Other Marketers c. Boiler and/or Industrial Furnace 1. Smelter Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s) 1. Utility Boiler 2. Industrial Furnace 3. Industrial Furnace	1. Used Oil Fuel Marketer  a. Marketer Directs Shipment Dil to Off-Specification But b. Marketer Who First Claims Dil Meets the Specification 2. Used Oil Burner - Indicate Tombustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Furnace 3. Used Oil Transporter - Indicate of Activity(les) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refine Type(s) of Activity(les)	t of Used mer s the Used is Type(s) of te Type(s)
	5 Underground Injection Control	a. Process b. Re-refine	
IX. Description of Hazardous Wastes /Use add	itional sheets if necessary)		
A. Characteristics of Nonlisted Hazardous W		onding to the characteristics of	
nonlisted hazardous wastes your installation ha	ndles; See 40 CFR Parts 261.20 - 261.24	() 	Emileri(s))
B. Listed Hazardous Wastes. (See 40 CFR 261.	31 - 33; See Instructions If you need to I	ist more than 12 waste codes.)	
1 2 2 D D D D D D D D D D D D D D D D D	4	5 6 12 12 12 12 12 12 12 12 12 12 12 12 12	
C. Other Wastes. (State or other wastes requiring	g a handler to have an I.D. number; See	Instructions.)	
	3 4	5. 4	
X. Certification			
I certify under penalty of law that this document and system designed to assure that qualified personnel p or persons who manage the system, or those persor best of my knowledge and belief, true, accurate, and including the possibility of fine and imprisonment	roperty gather and evaluate the informati is directly responsible for gathering the complete. I am aware that there are signi	on submitted. Based on my inquiry of information, the information submitte	the person dis, to the
	Name and Official Title (Type or p. ohn Kere 10 nuronmental Debt. M	96-6	7
XI. Comments			, in 16 <del>-2</del>
additional wastes unclu	de waste motor o	il. & waste	
antifreeze			. — — <del></del> .
Note: Mall completed form to the appropriate EPA I		ll of the booklet for addresses.)	